

**Commonwealth of Virginia  
Retiree Health Benefits Program**

**2008 Formulary  
2008 Formulario  
(List of Covered Drugs)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS COVERED BY THIS PLAN**

**Note to existing members:** This formulary has changed for 2008. Please review this document to see if it still contains the drugs you take.

This document includes only a partial formulary for **Medco Medicare Prescription Plan™** for the Commonwealth of Virginia Retiree Health Plan Benefits Program as of January 01, 2008. **For a complete, updated formulary, please visit our website or call our Customer Service department (see below).**

Please note that “Plan” refers to **Medco Medicare Prescription Plan** throughout this formulary.

<b>Customer Service department phone number .....</b>	<b>1-800-572-4098</b>
<b>Customer Service TTY/TDD phone number .....</b>	<b>1-800-716-3231</b>
<b>Customer Service days and hours of operation .....</b>	<b>24 hours a day, 7 days a week, except Thanksgiving and Christmas</b>
Customer Service is available in English and other languages.	
<b>Website .....</b>	<b><a href="http://www.medco.com">www.medco.com</a></b>

**Commonwealth of Virginia  
Retiree Health Benefits Program**

## **2008 Formulario (Lista de medicamentos cubiertos)**

**FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
ACERCA DE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN**

**Nota para miembros actuales:** Este documento ha cambiado para 2008. Revíselo para averiguar si aún incluye los medicamentos que toma.

Este documento incluye el formulario parcial de **Medco Medicare Prescription Plan™** para el Commonwealth of Virginia Retiree Health Plan Benefits Program y su fecha de vigencia es del 01 de enero del 2008. **Para obtener un formulario completo y actualizado, visite nuestro sitio web o llame a nuestro departamento de Atención al cliente (ver a continuación).**

Tenga en cuenta que “**Plan**” se refiere a **Medco Medicare Prescription Plan** cada vez que se menciona en este formulario.

**Número telefónico del departamento de Atención al cliente.....1-800-572-4098**

**Número telefónico de Atención al cliente para usuarios de TTY/TDD .....1-800-716-3231**

**Horario de nuestro departamento de Atención al cliente .....24 horas, 7 días a la semana,  
excepto durante Acción de Gracias y Navidad**

El servicio de Atención al cliente está disponible en inglés y en otros idiomas.

**Sitio web.....[www.medco.com](http://www.medco.com)**

## **What is a Formulary?**

A formulary is a list of covered drugs we have selected in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Generally, the drugs listed in our formulary are covered as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other **Plan** rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered under this **Plan**. **For a complete listing of all prescription drugs covered by the Plan, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.**

## **Can the Formulary change?**

Generally, if you are taking a drug on our 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose or continued in our **Plan**, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier at the beginning of the coverage year (except for those being moved due to the availability of a less expensive generic drug or due to adverse safety or effectiveness information being released), we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive up to a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of the date indicated on the front cover. **To get updated information about the drugs covered, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.**

## **How do I use the Formulary?**

There are two ways to find your drug within the formulary:

### **Medical Condition**

The formulary begins on page 7. The drugs in this formulary are grouped into categories according to the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents, Hypertension & Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 33. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Both brand-name drugs and generic drugs are covered under this **Plan**. A generic drug has the same active-ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs and are approved by the Food and Drug Administration (FDA).

## **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** You or your physician are required to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, the drug may not be covered.
- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the **Plan** is limited. For example, the **Plan** provides 34 tablets per prescription for CRESTOR per one-month supply.
- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7.

You can ask us to make an exception to these restrictions or limits. See the section "How do I request an exception to the Formulary?" on page iii for information about how to request an exception.

## **What if my drug is not on the Formulary?**

If your drug is not included in this formulary, you should first contact our Customer Service department and ask if your drug is covered. This document includes only a partial list of covered drugs, so the **Plan** may cover your drug. **You can contact our Customer Service department using the information provided on the front cover of this formulary.**

If you learn that your drug is not covered, you have two options:

- You can ask our Customer Service department for a list of similar drugs that are covered. When you receive the list, show it to your doctor, and ask him or her to prescribe a similar drug that is covered.

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the Formulary?**

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary. If the exception is approved, the drug will be covered at the Tier 3 cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the amount of the drug that we will cover is limited. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 2 instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for specialty drugs that are in Tier 5. You may not request that a Tier 2 drug be covered at the Tier 1 copayment level.

Generally, your request for an exception will only be approved if the alternative drugs included in the **Plan's** formulary, the lower-tiered drugs, or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. When you are requesting a formulary, tiering, or utilization restriction exception, you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

### **New Members:**

As a new member in our **Plan**, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you are taking. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our **Plan**.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 34-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 34-day supply, the **Plan** will not pay for these drugs, even if you have been a member of the **Plan** less than 90 days.

## Residents of Long-Term Care Facilities:

If you are a resident of a long-term care facility, we will cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our **Plan**. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our **Plan**, we will cover a 34-day emergency supply of that drug (unless you have a prescription written for fewer days) while you pursue a formulary exception.

## Other Transition Supplies:

Other times when we will cover a temporary 34-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care

The **Plan** will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

## For more information

For more detailed information about your prescription drug coverage, please review your Evidence of Coverage and other **Plan** materials.

**If you have questions, please call our Customer Service department using the information provided on the front cover of this formulary.**

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY/TDD users should call **1-877-486-2048**. Or visit [www.medicare.gov](http://www.medicare.gov).

## **Formulary**

The formulary starting on page 7 provides coverage information about some of the drugs covered by this Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 33.

Remember: This is only a partial list of drugs covered. **If your prescription is not in this partial formulary, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.**

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., NEXIUM) and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of your drug.

The tier level refers to the level of coverage for each medication. The amount you pay at each tier level during your initial coverage period is explained below. After you reach your \$275 deductible (deductible does not apply to generics), you are responsible for paying for these amounts for your medications until you reach a true-out-of-pocket cost of \$4,050.

	<b>Retail Pharmacy 34-day supply</b>	<b>Retail Pharmacy 90-day supply</b>	<b>Medco By Mail Pharmacy 90-day supply</b>
Generic (Tier 1)	\$5.00	\$15.00	\$5.00
Preferred brand name (Tier 2)	\$20.00	\$60.00	\$40.00
Non-preferred brand name (Tier 3)	75% coinsurance	75% coinsurance	75% coinsurance
Specialty (Tier 5)	25% coinsurance	25% coinsurance	25% coinsurance

**If you are not sure whether your drug is covered, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.**



## **¿Qué es un formulario?**

Un formulario es una lista de medicamentos cubiertos que hemos seleccionado, tras consultar con un grupo de proveedores de cuidado de salud, la cual representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. En general, los medicamentos incluidos en el formulario se cubren, siempre y cuando el medicamento sea necesario desde el punto de vista médico, la receta se surta en una farmacia de la red, y se cumplan otras condiciones del **Plan**. Para obtener más información acerca de cómo surtir sus recetas, lea su folleto informativo sobre coberturas.

Este documento es un formulario parcial e incluye solamente algunos de los medicamentos cubiertos bajo este **Plan**. **Para recibir una lista completa de todos los medicamentos recetados cubiertos por el Plan, visite nuestro sitio web o llame a nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.**

## **¿Puede cambiar el formulario?**

En general, si usted está tomando un medicamento de nuestro formulario de 2008 que fue cubierto al principio del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2008, excepto si un medicamento genérico nuevo y menos costoso llega al mercado o si se publica nueva información desfavorable sobre la seguridad o la eficacia de un medicamento. Otros cambios al formulario, tales como la eliminación de un medicamento de nuestro formulario, no afectarán a los miembros que tomen el medicamento actualmente. Dicho medicamento seguirá estando disponible al mismo costo compartido para los miembros que lo tomen, durante el resto del año de cobertura. Creemos que es importante que obtenga acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió afiliarse o continuar con nuestro **Plan**, a excepción de los casos en los que puede ahorrar más dinero o cuando se puede aumentar la seguridad de sus medicamentos.

Si retiramos medicamentos de nuestro formulario o si agregamos el requisito de autorización previa, límites de cantidad y/o restricciones de terapia a un medicamento, o bien si cambiamos un medicamento a un nivel más alto de costo compartido al inicio del año de cobertura (a excepción de los que se cambian debido a que un medicamento genérico menos costoso está disponible o si se publica información desfavorable sobre la seguridad o la eficacia de un medicamento), debemos informar el cambio a los miembros que se vean afectados, por lo menos 60 días antes de la fecha en que entre en vigor el cambio, o cuando el miembro solicite que se vuelva a surtir la receta, en cuyo momento el miembro recibirá un suministro del medicamento de hasta 60 días. Si la agencia Food and Drug Administration (FDA) determina que un medicamento que forma parte de nuestro formulario no es seguro, o si el fabricante del medicamento lo retira del mercado, retiraremos inmediatamente el medicamento de nuestro formulario y se lo informaremos a los miembros que lo tomen. El formulario incluido es vigente en la fecha que se indica en la portada. **Para recibir información actualizada sobre los medicamentos cubiertos, visite nuestro sitio web o llame a nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.**

## **¿Cómo se utiliza el formulario?**

Hay dos maneras de buscar su medicamento en el formulario:

## **Condición médica**

El formulario comienza en la página 7. Los medicamentos que aparecen en este formulario están agrupados en categorías de acuerdo al tipo de condiciones médicas que pueden curar. Por ejemplo, los medicamentos utilizados en el tratamiento de condiciones médicas cardíacas se encuentran en la categoría “Agentes cardiovasculares, de hipertensión y lípidos.” Si sabe para qué se utiliza su medicamento, busque la categoría en la lista que comienza en la página 1. Luego busque la categoría de su medicamento.

## **Listas alfabéticas**

Si no está seguro de la categoría en la que debe buscar, busque su medicamento en el índice que comienza en la página 33. El índice consta de una lista alfabética de todos los medicamentos incluidos en este documento. El índice incluye tanto medicamentos de marca como genéricos. Busque su medicamento en el índice. Junto a su medicamento, encontrará el número de la página en la que puede encontrar información sobre la cobertura. Vaya a la página que se indica en el índice y busque el nombre de su medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

Este **Plan** cubre tanto medicamentos de marca como genéricos. Un medicamento genérico contiene el mismo ingrediente activo que un medicamento de marca. Los medicamentos genéricos cuestan menos que los de marca y han sido aprobados por la agencia Food and Drug Administration (FDA).

## **¿Hay alguna restricción en mi cobertura?**

Puede haber requisitos adicionales o límites de cobertura para algunos medicamentos cubiertos. Entre estos requisitos y límites pueden incluirse:

- **Autorización previa:** Usted o su médico debe obtener autorización previa para obtener ciertos medicamentos. Esto significa que deberá obtener aprobación antes de que se surtan sus recetas. Si no obtiene dicha aprobación, su medicamento podría no cubrirse.
- **Límites de cantidad:** En el caso de ciertos medicamentos, la cantidad que será cubierta por el **Plan** está limitada. Por ejemplo, el **Plan** suministra 34 tabletas de CRESTOR por receta, por provisión mensual.
- **Terapia de paso:** En algunos casos, es necesario que primero pruebe ciertos medicamentos como parte del tratamiento de su condición médica antes de que podamos cubrir otro medicamento para curar esa condición médica. Por ejemplo, si puede utilizarse tanto un medicamento A como un medicamento B en el tratamiento de la misma condición médica, es posible que no cubramos el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no le produce mejoras, cubriremos el medicamento B.

Puede averiguar si su medicamento está sujeto a otros requisitos o límites, por medio del formulario que comienza en la página 7.

Puede solicitar que hagamos una excepción a estas restricciones o límites. Consulte la sección, “¿Cómo puedo solicitar una excepción al formulario?” que está en la página ix para obtener información acerca de cómo solicitar una excepción.

## **¿Qué ocurre si mi medicamento no se encuentra en el formulario?**

Si su medicamento no se incluye en este formulario, primero debe ponerse en contacto con nuestro departamento de Atención al cliente y preguntar si su medicamento está cubierto. Este documento incluye solamente una lista parcial de medicamentos cubiertos, por lo que el **Plan** puede cubrir su medicamento.

**Puede ponerse en contacto con nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.**

Si descubre que su medicamento no está cubierto, cuenta con dos opciones:

- Puede solicitar a nuestro departamento de Atención al cliente una lista de medicamentos similares que estén cubiertos. Cuando reciba la lista, muéstresela a su doctor y pídale que le recete un medicamento similar que esté cubierto.
- Puede solicitar que hagamos una excepción y cubramos su medicamento. A continuación, encontrará información para solicitar una excepción.

## **¿Cómo puedo solicitar una excepción al formulario?**

Puede solicitar que hagamos una excepción a las reglas de cobertura. Puede solicitar que hagamos diferentes tipos de excepciones.

- Puede solicitar que cubramos su medicamento, aún si no aparece en nuestro formulario. Si se aprueba la excepción, el medicamento se cubrirá al Nivel 3 de costo compartido.
- Puede solicitar que renunciemos a las restricciones o límites de cobertura de su medicamento. Por ejemplo, en el caso de ciertos medicamentos, la cantidad que cubriremos está limitada. Si su medicamento tiene un límite de cantidad, puede solicitar que renunciemos al límite y que cubramos más.
- Puede solicitar que proporcionemos un mayor nivel de cobertura de su medicamento. Si su medicamento se incluye en el Nivel 3, puede solicitar que lo cubramos al costo compartido que se aplica a los medicamentos del Nivel 2. Esto disminuiría la cantidad que debe pagar por el medicamento. Tenga en cuenta que si accedemos a cubrir un medicamento que no está en nuestro formulario, no podrá pedirnos que otorguemos un mayor nivel de cobertura del medicamento. Además, no podrá pedirnos que proporcionemos un mayor nivel de cobertura en el caso de medicamentos especializados que están en el Nivel 5. Tampoco podrá solicitar que un medicamento correspondiente al Nivel 2 se cubra al Nivel 1 de copago.

En general, su petición de excepción se aprobará solamente si los medicamentos alternativos incluidos en el formulario del **Plan**, los medicamentos de nivel más bajo o restricciones adicionales de utilización no son tan eficaces para el tratamiento de su condición médica y/o pueden causarle efectos de salud desfavorables.

Debe ponerse en contacto con nosotros para solicitar una decisión de cobertura inicial para una excepción de formulario, nivel o restricción de utilización. Cuando solicite una excepción de formulario, nivel o restricción de utilización, debe proporcionar una declaración de su médico que apoye su petición. En general, debemos tomar una decisión en un plazo de 72 horas, después de recibir la declaración de su médico recetante que apoye su petición. Puede solicitar una excepción urgente (rápida) si usted o su doctor consideran que su salud podría perjudicarse seriamente si espera hasta 72 horas, a que tomemos una decisión. Si se acepta su solicitud de excepción urgente, debemos tomar una decisión en un máximo de 24 horas, después de recibir la declaración de su médico recetante que apoye su petición.

## **¿Qué puedo hacer antes de hablar con mi médico acerca del cambio de medicamentos o una solicitud de excepción?**

Nuevos miembros:

Como miembro nuevo de nuestro **Plan**, puede estar tomando medicamentos que no aparecen en nuestro formulario. O puede estar tomando un medicamento que está en nuestro formulario, pero cuya obtención está limitada. Por ejemplo, puede ser necesario que obtenga nuestra autorización previa antes de que se surta su receta. Debe hablar con su doctor para decidir si debe sustituir su medicamento con uno que sea adecuado y que cubramos, o solicitar una excepción de formulario para que cubramos el medicamento que tome. Mientras decide junto con su médico lo que debe hacer, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro **Plan**.

Cubriremos un suministro temporal de 34 días, para cada medicamento que tome y que no esté en nuestro formulario, o bien si su obtención está limitada (a menos que tenga una receta para menos tiempo), cuando vaya a una farmacia de la red. Después de su primer suministro de 34 días, el **Plan** no pagará estos medicamentos, aún si ha sido miembro del **Plan** durante menos de 90 días.

Residentes de centros de cuidado a largo plazo:

Si es residente de un centro de cuidado a largo plazo, cubriremos un suministro temporal de transición de 34 días (a menos que tenga una receta para menos tiempo). Cubriremos más de un suministro de estos medicamentos, durante los primeros 90 días que sea miembro de nuestro **Plan**. Si necesita un medicamento que no está en nuestro formulario, o cuya obtención está limitada, pero ha sido miembro de nuestro **Plan** durante más de 90 días, cubriremos un suministro de emergencia de ese medicamento de 34 días (a menos que tenga una receta para menos tiempo), mientras solicita una excepción al formulario.

Otros suministros de transición:

Otros casos en los que cubriremos un suministro temporal de transición de 34 días (o menos, si tiene una receta para menos tiempo) son:

- Cuando ingresa a un centro de cuidado a largo plazo
- Cuando sale de un centro de cuidado a largo plazo
- Cuando es dado de alta de un hospital
- Cuando sale de un centro de enfermería experta
- Cuando cancela el cuidado de un hospicio

El **Plan** le enviará una carta en un plazo de 3 días laborales después de surtir su suministro temporal de transición, informándole que recibió un suministro temporal y explicando sus opciones.

## **Para obtener más información**

Para obtener información más detallada acerca de su cobertura de medicamentos recetados, consulte su folleto informativo sobre coberturas y otros materiales del **Plan**.

**Si tiene cualquier pregunta, llame a nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.**

Si tiene preguntas generales acerca de la cobertura de medicamentos recetados de Medicare, llame a Medicare, al **1-800-MEDICARE (1-800-633-4227)**, las 24 horas, 7 días a la semana. Los usuarios de TTY/TDD pueden llamar al **1-877-486-2048**. O bien, visite [www.medicare.gov](http://www.medicare.gov).

## Formulario

El formulario, que comienza en la página 7, proporciona información sobre la cobertura y sobre algunos de los medicamentos cubiertos por este **Plan**. Si le es difícil encontrar su medicamento en la lista, vaya al índice que comienza en la página 33. Recuerde que esta es sólo una lista parcial de los medicamentos cubiertos. **Si su medicamento recetado no se incluye en este formulario parcial, visite nuestro sitio web o llame a nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.**

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca aparecen en mayúsculas (por ejemplo, NEXIUM) y los medicamentos genéricos en minúsculas y en cursiva (por ejemplo, *omeprazole*).

La información de la columna Requisitos/Límites le indica si hay algún requisito especial para cubrir su medicamento.

El nivel se refiere al grado de cobertura de cada medicamento. La cantidad que paga en cada nivel durante su período de cobertura inicial se explica a continuación. Una vez que alcance su deducible de \$275 (no se aplica a los medicamentos genéricos), será responsable de pagar estas cantidades por sus medicamentos hasta que sus costos reales de desembolso sumen \$4,050.

	<b>Farmacia minorista</b> Suministro de 34 días	<b>Farmacia minorista</b> Suministro de 90 días	<b>Farmacia Medco By Mail</b> Suministro de 90 días
Genérico (Nivel 1)	\$5.00	\$15.00	\$5.00
Marca preferida (Nivel 2)	\$20.00	\$60.00	\$40.00
Marca no preferida (Nivel 3)	Coseguro de 75%	Coseguro de 75%	Coseguro de 75%
Especializado (Nivel 5)	Coseguro de 25%	Coseguro de 25%	Coseguro de 25%

**Si no está seguro de que su medicamento esté cubierto, visite nuestro sitio web o llame a nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.**



# COMMONLY PRESCRIBED THERAPEUTIC DRUG CATEGORIES

<b>Anti - Infectives.....</b>	<b>7</b>
Antifungal Agents.....	7
Antivirals.....	7
HIV/AIDS THERAPY.....	7
Cephalosporins.....	7
Erythromycins & Other Macrolides.....	8
Miscellaneous Anti-Infectives.....	8
ANTIMALARIALS.....	8
ANTIMYCOBACTERIALS.....	8
Penicillins.....	9
Quinolones.....	9
Sulfas & Related Agents.....	9
Tetracyclines.....	9
Urinary Tract Agents.....	9
Vancomycin.....	9
<b>Antineoplastic &amp; Immunosuppressant Drugs.....</b>	<b>9</b>
Adjunctive Agents.....	9
Antineoplastic & Immunosuppressant Drugs.....	10
ANTINEOPLASTIC DRUGS.....	10
IMMUNOSUPPRESSANT DRUGS.....	11
<b>Autonomic &amp; CNS Drugs, Neurology &amp; Psych.....</b>	<b>11</b>
Anticonvulsants.....	11
Antiparkinsonism Agents.....	11
Migraine & Cluster Headache Therapy.....	12
Miscellaneous Agents.....	12
Miscellaneous Analgesics.....	12
Miscellaneous Neurological Therapy.....	12
Muscle Relaxants & Antispasmodic Therapy.....	12
Narcotic Analgesics.....	13
Non-Narcotic Analgesics.....	13
Propoxyphene.....	13

Psychotherapeutic Drugs.....	13
ANTIDEPRESSANT AGENTS.....	13
ANTIPSYCHOTICS.....	14
ANXIOLYTICS.....	14
HYPNOTIC AGENTS.....	14
MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS.....	14
TRICYCLIC ANTIDEPRESSANTS/BENZODIAZEPINE COMBINATIONS.....	15
<b>Cardiovascular, Hypertension &amp; Lipids.....</b>	<b>15</b>
Antiarrhythmic Agents.....	15
Antihypertensive Therapy.....	15
ACE INHIBITORS.....	15
ADRENERGIC AGONISTS AND RELATED DRUGS.....	15
ANGIOTENSIN II RECEPTOR BLOCKERS, ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS AND RENIN INHIBITORS	15
ANTIHYPERTENSIVE COMBINATIONS.....	15
BETA BLOCKERS.....	16
CALCIUM CHANNEL BLOCKERS.....	16
DIURETICS.....	16
VASODILATORS.....	16
Cardiac Glycosides.....	16
Coagulation Therapy.....	17
Hemostatics.....	17
Lipid/Cholesterol Lowering Agents.....	17
Miscellaneous Cardiovascular Agents.....	17
Nitrates.....	17
<b>Dermatologicals/Topical Therapy.....</b>	<b>18</b>
Antipsoriatic / Antiseborrheic.....	18
Burn Therapy.....	18
Miscellaneous Dermatologicals.....	18
Therapy For Acne.....	18
Topical Anesthetics.....	18

Topical Antibacterials.....	18
Topical Antifungals.....	19
Topical Antivirals.....	19
Topical Corticosteroids.....	19
Topical Scabicides / Pediculicides.....	19
<b>Diagnostics &amp; Miscellaneous Agents.....</b>	<b>20</b>
Miscellaneous Agents.....	20
Smoking Deterrents.....	20
<b>Ear, Nose &amp; Throat Medications.....</b>	<b>20</b>
Miscellaneous Agents.....	20
Miscellaneous Otic Preparations.....	20
Otic Steroid / Antibiotic.....	20
<b>Endocrine/Diabetes.....</b>	<b>21</b>
Adrenal Hormones.....	21
Antithyroid Agents.....	21
Diabetes Therapy.....	21
Diabetic Supplies, Misc.....	22
Miscellaneous Hormones.....	22
Thyroid Hormones.....	22
<b>Gastroenterology.....</b>	<b>23</b>
Antidiarrheals & Antispasmodics.....	23
Miscellaneous Gastrointestinal Agents.....	23
BOWEL EVACUANTS.....	23
Ulcer Therapy.....	23
H2 ANTAGONISTS.....	23
PROTON PUMP INHIBITORS.....	24
<b>Immunology, Vaccines &amp; Biotechnology.....</b>	<b>24</b>
Biotechnology Drugs.....	24
Vaccines & Miscellaneous Immunologicals.....	24
<b>Miscellaneous Vitamins, Hematinics &amp; Electrolytes.....</b>	<b>25</b>
Miscellaneous Nutrition Products.....	25

<b>Musculoskeletal &amp; Rheumatology.....</b>	<b>25</b>
Gout Therapy.....	25
Osteoporosis Therapy.....	25
Other Rheumatologicals.....	25
<b>Obstetrics &amp; Gynecology.....</b>	<b>25</b>
Estrogens & Progestins.....	25
Miscellaneous Ob/Gyn.....	26
Oral Contraceptives & Related Agents.....	26
Oxytocics.....	26
<b>Ophthalmology.....</b>	<b>27</b>
Antibiotics.....	27
Antivirals.....	27
Beta-Blockers.....	27
Miscellaneous Ophthalmologics.....	27
Non-Steroidal Anti-Inflammatory Agents.....	27
Oral Drugs For Glaucoma.....	27
Other Glaucoma Drugs.....	28
Steroid-Antibiotic Combinations.....	28
Steroids.....	28
Steroid-Sulfonamide Combinations.....	28
Sulfonamides.....	28
Sympathomimetics.....	28
<b>Respiratory And Allergy.....</b>	<b>28</b>
Antihistamine & Antiallergenic Agents.....	28
ADRENERGICS.....	28
ANTIHISTAMINES.....	29
ANTIHISTAMINES PLUS DECONGESTANTS.....	29
Pulmonary Agents.....	29
INHALED BETA AGONISTS.....	29
INHALED CORTICOSTEROIDS.....	29
INTRANASAL STEROIDS.....	29

MISCELLANEOUS PULMONARY AGENTS.....	29
ORAL BETA AGONISTS.....	30
XANTHINES.....	30
<b>Urologicals.....</b>	<b>30</b>
Anticholinergics & Antispasmodics.....	30
Benign Prostatic Hyperplasia (BPH) Therapy.....	30
Cholinergic Stimulants.....	30
Miscellaneous Urologicals.....	30
Urinary Anesthetics.....	30
<b>Vitamins, Hematinics &amp; Electrolytes.....</b>	<b>31</b>
Electrolytes.....	31
POTASSIUM.....	31
Vitamins & Hematinics.....	31
<b>INDEX.....</b>	<b>33</b>



## COMMONLY PRESCRIBED THERAPEUTIC DRUG CATEGORIES

### ANTI - INFECTIVES

#### Antifungal Agents

Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	QL
<i>fluconazole suspension</i>	1	
<i>nystatin</i>	1	
<i>terbinafine</i>	1	QL
<b>Brands</b>		
ERAXIS	5	
NOXAFIL	2	QL
VFEND	2	QL,PA
VFEND IV	2	PA
<b>Antivirals</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>foscarnet sodium</i>	1	PA
<i>ribapak</i>	1	QL,PA
<i>ribasphere</i>	1	QL,PA
<i>ribavirin</i>	1	QL,PA
<b>Brands</b>		
BARACLUDÉ	2	QL
CYTOVENE	2	PA
EPIVIR HBV	2	
FAMVIR	2	QL
HEPSERA	2	QL,PA
REBETOL	2	QL,PA

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Drug Name	Drug Tier	Req./Limits
RELENZA	2	QL
TAMIFLU	2	QL
VALTREX	2	QL
<b>HIV/AIDS THERAPY</b>		
<b>Generics</b>		
<i>zidovudine</i>	1	
<b>Brands</b>		
AGENERASE	3	
COMBIVIR	2	
EPIVIR	2	
EPZICOM	2	
INVIRASE	2	
LEXIVA	2	
PREZISTA	5	
RESCRIPTOR	3	
RETROVIR IV	2	
REYATAZ	2	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	5	
VIDEX	2	
VIDEX EC	2	
ZERIT	2	
ZIAGEN	2	
<b>Cephalosporins</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefotaxime sodium</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>cefoxitin 10gm vial</i>	1	
<i>ceftriaxone</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<b>Brands</b>		
CEFAZOLIN SODIUM 500MG/50ML	2	
CEFTRIAXONE IV PIGGYBACK	2	
CEFUROXIME 1.5GM/50ML	2	
CEFUROXIME SODIUM 750MG/50ML	2	
MAXIPIME	3	
<b>Erythromycins &amp; Other Macrolides</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>azithromycin</i>	1	
<i>azithromycin suspension</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin ER</i>	1	
<b>Brands</b>		
ZITHROMAX PACKET	2	
<b>Miscellaneous Anti-Infectives</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>clindamycin HCl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>mebendazole</i>	1	
<i>metronidazole</i>	1	
<i>neomycin sulfate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>pentamidine isethionate</i>	1	PA
<b>Brands</b>		
ALINIA	2	QL
CLEOCIN PALMITATE	2	
GENTAMICIN SULFATE 80MG VIAL	2	
KETEK	2	QL
MEPRON	2	
NEBUPENT	2	QL,PA
NEUTREXIN	2	
PRIMAXIN	2	
PRIMAXIN I.M.	2	
TOBI	5	PA
TYGACIL	2	
XIFAXAN	3	QL,PA
ZYVOX	2	QL,PA
ZYVOX INJECTION	2	PA
<b>ANTIMALARIALS</b>		
<b>Generics</b>		
<i>chloroquine phosphate</i>	1	
<i>mefloquine HCl</i>	1	
<b>Brands</b>		
QUALAQUIN	2	
<b>ANTIMYCOBACTERIALS</b>		
<b>Generics</b>		
<i>isoniazid</i>	1	
<i>rifampin</i>	1	
<b>Brands</b>		
ISONIAZID SYRUP	2	

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Drug Name	Drug Tier	Req./ Limits
<b>Penicillins</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>amoxicillin</i>	1	
<i>nafcillin sodium 10gm vial</i>	1	
<b>Brands</b>		
AUGMENTIN XR	2	
NAFCILLIN SODIUM 1GM VIAL	2	
<b>Quinolones</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ciprofloxacin HCl</i>	1	
<i>ofloxacin</i>	1	
<b>Brands</b>		
AVELOX	2	
LEVAQUIN	3	
<b>Sulfas &amp; Related Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>sulfadiazine</i>	1	
<b>Tetracyclines</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>doxycycline hyclate</i>	1	
<i>tetracycline HCl</i>	1	

Drug Name	Drug Tier	Req./ Limits
<b>Urinary Tract Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
PRIMSOL	3	
<b>Vancomycin</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>vancomycin HCl</i>	1	
<b>Brands</b>		
VANCOCIN HCl	2	
VANCOMYCIN HCl 10GM VIAL	2	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>Adjunctive Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>leucovorin calcium 100mg vial</i>	1	
<i>leucovorin calcium 200mg vial</i>	1	
<i>leucovorin calcium 25mg tablet</i>	1	
<i>leucovorin calcium 350mg vial</i>	1	
<i>leucovorin calcium 50mg vial</i>	1	
<i>leucovorin calcium 5mg tablet</i>	1	
<b>Brands</b>		
LEUCOVORIN CALCIUM 10MG TABLET	2	
LEUCOVORIN CALCIUM 10MG/ML	2	

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Drug Name	Drug Tier	Req./ Limits
LEUCOVORIN CALCIUM 15MG TABLET	2	
LEUCOVORIN CALCIUM 500MG VIAL	2	
MESNEX	2	
<b>Antineoplastic &amp; Immunosuppressant Drugs</b>		
Drug Name	Drug Tier	Req./ Limits
<b>ANTINEOPLASTIC DRUGS</b>		
<b>Generics</b>		
<i>bleomycin sulfate</i>	1	
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
<i>cyclophosphamide injection</i>	1	
<i>cyclophosphamide tablet</i>	1	PA
<i>cytarabine</i>	1	
<i>dacarbazine</i>	1	
<i>daunorubicin HCl</i>	1	
<i>doxorubicin HCl</i>	1	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	
<i>hydroxyurea</i>	1	
<i>ifosfamide/mesna</i>	1	
<i>megestrol acetate</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate injection</i>	1	
<i>methotrexate tablet</i>	1	PA
<i>mitomycin</i>	1	
<i>octreotide acetate 1000mcg/ml</i>	1	
<i>octreotide acetate 200mcg/ml</i>	1	
<i>onxol</i>	1	
<i>paclitaxel</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>tamoxifen citrate</i>	1	
<i>tretinoin</i>	1	
<i>vinblastine sulfate</i>	1	
<i>vincristine sulfate</i>	1	
<b>Brands</b>		
ALKERAN INJECTION	5	
ARIMIDEX	2	
AROMASIN	2	
AVASTIN	3	PA
BICNU	3	
CASODEX	2	
CYTARABINE 100MG/ML INJECTION	3	
ELIGARD	3	
ELOXATIN	3	
EPIRUBICIN HCl	3	
ERBITUX	3	PA
FASLODEX	5	PA
FLOXURIDINE	3	
GLEEVEC	5	PA
IFOSFAMIDE	3	
IFOSFAMIDE/MESNA 3-1G	3	
LEUKERAN	2	
MUSTARGEN	3	
MYLOTARG	3	
NEXAVAR	5	QL,PA
OCTREOTIDE ACETATE 100MCG/ML	2	
OCTREOTIDE ACETATE 500MCG/ML	2	
OCTREOTIDE ACETATE 50MCG/ML	2	
PLENAXIS	3	
REVLIMID	5	PA
RHEUMATREX TABLET	3	PA
RITUXAN	3	PA

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Drug Name	Drug Tier	Req./ Limits
SOLTAMOX	2	
SPRYCEL	5	QL,PA
SUTENT	5	QL,PA
TARCEVA	5	QL,PA
TARGRETIN	2	PA
TESLAC	3	
THIOTEPA	3	
TYKERB	5	QL
VIDAZA	5	QL,PA
ZOLADEX	3	
ZOLINZA	5	
<b>IMMUNOSUPPRESSANT DRUGS</b>		
<b>Generics</b>		
<i>azathioprine</i>	1	PA
<i>cyclosporine</i>	1	PA
<i>gengraf</i>	1	PA
<b>Brands</b>		
CELLCEPT	2	PA
CYCLOSPORINE AMPULE	2	PA
MYFORTIC	2	PA
NEORAL	2	PA
PROGRAF	2	PA
RAPAMUNE	2	PA
SANDIMMUNE	2	PA

Drug Name	Drug Tier	Req./ Limits
<b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH</b>		
<b>Anticonvulsants</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>carbamazepine</i>		1
<i>phenytoin</i>		1
<i>valproic acid capsule</i>		1
<i>valproic acid syrup</i>		1
<b>Brands</b>		
CARBATROL	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
KEPPRA	2	
LAMICTAL	2	
LYRICA	2	QL
PHENYTEK	3	
TEGRETOL XR	2	
TOPAMAX	2	
VALPROIC ACID LIQUID	2	
<b>Antiparkinsonism Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>carbidopa/levodopa</i>		1
<i>selegiline HCl</i>		1
<b>Brands</b>		
APOKYN	2	PA
COMTAN	2	
MIRAPEX	2	
REQUIP	2	

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Drug Name	Drug Tier	Req./ Limits
STALEVO	2	
ZELAPAR	2	
<b>Migraine &amp; Cluster Headache Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ergotamine-caffeine</i>	1	
<b>Brands</b>		
AMERGE	2	QL
IMITREX INJECTION	2	QL
IMITREX NASAL SPRAY	2	QL
IMITREX TABLET	2	QL
MAXALT	2	QL
MAXALT MLT	2	QL
MIGRALAN	3	QL
RELPAX	2	QL
ZOMIG	2	QL
ZOMIG NASAL SPRAY	2	QL
ZOMIG ZMT	2	QL
<b>Miscellaneous Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>naloxone HCl</i>	1	
<b>Brands</b>		
SUBOXONE	2	

Drug Name	Drug Tier	Req./ Limits
<b>Miscellaneous Analgesics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>tramadol HCl</i>	1	
<b>Miscellaneous Neurological Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
ARICEPT	2	QL,PA
ARICEPT ODT	2	QL,PA
COPAXONE	5	QL,PA
EXELON	2	QL,PA
EXELON SOLUTION	2	PA
NAMENDA	3	QL,PA
NAMENDA DOSE PACK	3	PA
NAMENDA SOLUTION	3	PA
RAZADYNE	2	QL,PA
RAZADYNE ER	2	QL,PA
RAZADYNE SOLUTION	2	PA
<b>Muscle Relaxants &amp; Antispasmodic Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>baclofen tablet</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>tizanidine HCl</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<b>Narcotic Analgesics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>acetaminophen/codeine</i>	1	
<i>fentanyl lollipop</i>	1	QL,PA
<i>fentanyl patch</i>	1	
<i>hydromorphone HCl</i>	1	
<i>levorphanol tartrate</i>	1	
<i>meperidine HCl</i>	1	
<i>methadone HCl</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate solution</i>	1	
<i>narvox</i>	1	
<i>oramorph SR</i>	1	
<i>oxycodone HCl</i>	1	
<b>Brands</b>		
DILAUDID-HP	2	
FENTANYL INJECTION	2	
INFUMORPH	2	
KADIAN	2	
METHADONE HCl SOLUTION	2	
MORPHINE SULFATE 10MG/ML AMPULE	2	
MORPHINE SULFATE 250MG/10ML VIAL	2	
MORPHINE SULFATE 8MG INJECTION	2	
OXYCONTIN	2	
OXYFAST	2	

Drug Name	Drug Tier	Req./ Limits
<b>Non-Narcotic Analgesics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>butorphanol tartrate</i>	1	QL,PA
<i>diclofenac sodium</i>	1	
<i>ibuprofen suspension</i>	1	
<i>meloxicam</i>	1	
<b>Brands</b>		
CELEBREX	2	QL
<b>Propoxyphene</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>propoxyphene HCl</i>	1	
<i>propoxyphene hcl/acetaminophen</i>	1	
<b>Psychotherapeutic Drugs</b>		
Drug Name	Drug Tier	Req./ Limits
<b>ANTIDEPRESSANT AGENTS</b>		
<b>Generics</b>		
<i>amitriptyline HCl</i>	1	
<i>budeprion XL 300mg</i>	1	QL
<i>bupropion HCl</i>	1	
<i>citalopram hydrobromide</i>	1	QL
<i>citalopram hydrobromide solution</i>	1	
<i>doxepin HCl</i>	1	
<i>fluoxetine HCl</i>	1	QL
<i>fluoxetine HCl solution</i>	1	
<i>paroxetine HCl</i>	1	QL
<i>paroxetine HCl suspension</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
<i>sertraline concentrate</i>	1	
<i>sertraline HCl</i>	1	QL
<i>sertraline HCl concentrate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone HCl</i>	1	
<i>trimipramine maleate</i>	1	
<b>Brands</b>		
CYMBALTA	2	QL
EFFEXOR XR	2	QL
NARDIL	2	
PAXIL CR	2	QL
WELLBUTRIN XL 150MG	2	QL
<b>ANTIPSYCHOTICS</b>		
<b>Generics</b>		
<i>chlorpromazine HCl</i>	1	PA
<i>haloperidol</i>	1	
<i>perphenazine</i>	1	PA
<b>Brands</b>		
ABILIFY	3	QL
ABILIFY INJECTION	3	
GEODON	2	QL
INVEGA	2	
RISPERDAL SOLUTION	2	QL
SEROQUEL	2	QL
SEROQUEL 400MG	2	
SEROQUEL 50MG	2	
ZYPREXA	2	QL
ZYPREXA ZYDIS	2	QL
<b>ANXIOLYTICS</b>		
<b>Generics</b>		
<i>buspirone HCl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
<b>HYPNOTIC AGENTS</b>		
<b>Generics</b>		
<i>zolpidem tartrate</i>	1	QL
<b>Brands</b>		
AMBIEN CR	2	QL
LUNESTA	2	QL
ROZEREM	3	QL
SONATA	3	QL
<b>MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS</b>		
<b>Generics</b>		
<i>amphetamine salt combo</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA
<i>metadate ER</i>	1	PA
<i>methylphenidate ER</i>	1	PA
<i>methylphenidate HCl</i>	1	PA
<b>Brands</b>		
ADDERALL XR	2	PA
FOCALIN XR	2	PA
METADATE CD	3	PA
METHYLIN CHEWABLE	3	PA
METHYLIN SOLUTION	3	PA
PROVIGIL	2	QL,PA
RITALIN LA	3	PA
STRATTERA	2	PA

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Drug Name	Drug Tier	Req./ Limits
<b>TRICYCLIC ANTIDEPRESSANTS/BENZODIAZEPINE COMBINATIONS</b>		
<b>Generics</b>		
<i>amitriptyline/chlordiazepoxide</i>	1	
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>		
<b>Antiarrhythmic Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>mexiletine HCl</i>	1	
<i>procainamide HCl</i>	1	
<i>quinidine sulfate</i>	1	
<b>Brands</b>		
<i>PROCAINAMIDE HCl SUSTAINED RELEASE</i>	2	
<i>RYTHMOL SR</i>	2	
<b>Antihypertensive Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>ACE INHIBITORS</b>		
<b>Generics</b>		
<i>captopril</i>	1	QL
<i>enalapril maleate</i>	1	QL
<i>fosinopril sodium</i>	1	QL
<i>lisinopril</i>	1	QL
<i>moexipril HCl</i>	1	QL
<i>quinapril</i>	1	QL
<i>trandolapril</i>	1	QL

Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
<i>ACEON</i>	2	QL
<i>ALTACE</i>	2	QL
<i>ZESTRIL</i>	3	QL
<b>ADRENERGIC AGONISTS AND RELATED DRUGS</b>		
<b>Generics</b>		
<i>clonidine HCl</i>	1	
<i>doxazosin mesylate</i>	1	QL
<i>terazosin HCl</i>	1	QL
<b>ANGIOTENSIN II RECEPTOR BLOCKERS, ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS AND RENIN INHIBITORS</b>		
<b>Brands</b>		
<i>ATACAND</i>	2	QL
<i>ATACAND HCT</i>	2	QL
<i>AVALIDE</i>	2	QL
<i>AVAPRO</i>	2	QL
<i>COZAAR</i>	2	QL
<i>DIOVAN</i>	2	QL
<i>DIOVAN HCT</i>	2	QL
<i>HYZAAR</i>	2	QL
<i>MICARDIS</i>	2	QL
<i>MICARDIS HCT</i>	2	QL
<i>TEKturna</i>	2	QL
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<b>Generics</b>		
<i>amlodipine besylate/benazepril 10mg-20mg</i>	1	QL
<i>amlodipine besylate/benazepril 2.5mg-10mg</i>	1	QL
<i>amlodipine besylate/benazepril 5mg-10mg</i>	1	QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
<i>amlodipine besylate/benazepril 5mg-20mg</i>	1	QL
<i>captopril/hydrochlorothiazide</i>	1	QL
<i>lisinopril/hydrochlorothiazide</i>	1	QL
<i>moexipril/hydrochlorothiazide</i>	1	QL
<b>Brands</b>		
ZESTORETIC	3	QL
<b>BETA BLOCKERS</b>		
<b>Generics</b>		
<i>labetalol HCl</i>	1	
<i>metoprolol ER</i>	1	
<i>metoprolol tartrate</i>	1	
<i>propranolol HCl ER</i>	1	
<i>timolol maleate</i>	1	
<b>Brands</b>		
COREG	2	
COREG CR	2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>Generics</b>		
<i>amlodipine besylate</i>	1	
<i>diltiazem HCl</i>	1	
<i>diltiazem HCl ER</i>	1	
<i>felodipine ER</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine ER</i>	1	
<i>verapamil HCl</i>	1	
<b>Brands</b>		
DILTIAZEM HCl VIAL	2	
NIMOTOP	2	
SULAR	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
<b>DIURETICS</b>		
<b>Generics</b>		
<i>amiloride HCl</i>	1	
<i>furosemide</i>	1	
<i>furosemide solution 10mg/ml</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<b>Brands</b>		
FUROSEMIDE SOLUTION	2	
<b>VASODILATORS</b>		
<b>Generics</b>		
<i>hydralazine HCl</i>	1	
<i>minoxidil</i>	1	
<b>Brands</b>		
BIDIL	2	QL
<b>Cardiac Glycosides</b>		
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
<b>Generics</b>		
<i>digoxin</i>	1	
<b>Brands</b>		
LANOXICAPS	2	
LANOXIN	2	
LANOXIN INJECTION	2	

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Drug Name	Drug Tier	Req./ Limits
<b>Coagulation Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>cilostazol</i>	1	QL
<i>dipyridamole</i>	1	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	1	
<i>ticlopidine HCl</i>	1	QL
<i>warfarin sodium</i>	1	
<b>Brands</b>		
AGGRENOX	2	QL
ARIXTRA	2	
FRAGMIN	2	
HEPARIN SODIUM 10000 U/5ML	2	
HEPARIN SODIUM 25000U/10ML	2	
LOVENOX	2	
<b>Hemostatics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
CYKLOKAPRON	2	
<b>Lipid/Cholesterol Lowering Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>colestipol HCl</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	QL

Drug Name	Drug Tier	Req./ Limits
<i>pravastatin</i>	1	QL
<i>simvastatin</i>	1	QL
<b>Brands</b>		
ADVICOR	3	
ANTARA	2	
CADUET	2	QL
COLESTID	2	
CRESTOR	2	QL
LIPITOR	2	QL
LOVAZA	2	QL
NIASPAN	2	
TRICOR	2	
TRIGLIDE	2	
VYTORIN	2	QL
ZETIA	2	QL
<b>Miscellaneous Cardiovascular Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
RANEXA	2	QL,ST
<b>Nitrates</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>nitro-bid</i>	1	
<i>nitroglycerin CR</i>	1	
<i>nitroglycerin injection</i>	1	PA
<i>nitroglycerin patch</i>	1	
<b>Brands</b>		
NITROLINGUAL	2	
NITROSTAT	2	

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Drug Name	Drug Tier	Req./ Limits
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>Antipsoriatic / Antiseborrheic</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
DOVONEX	2	
RAPTIVA	5	QL,PA
SORIATANE	2	
<b>Burn Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
silver sulfadiazine	1	
<b>Miscellaneous Dermatologicals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
fluorouracil	1	
<b>Brands</b>		
CARAC	2	
CARMOL HC	2	
EFUDEX	2	
ELIDEL	3	PA
OXSORALEN ULTRA	2	
PANRETIN	2	PA
PROTOPIC	3	PA
REGRANEX	2	PA
SOLARAZE	2	
ZONALON	2	

Drug Name	Drug Tier	Req./ Limits
<b>Therapy For Acne</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>avita</i>	1	PA
<i>clindamycin phosphate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide gel</i>	1	
<i>metronidazole</i>	1	
<i>tretinooin cream</i>	1	PA
<b>Brands</b>		
EVOCLIN	2	
FINACEA	2	
METROGEL	2	
TAZORAC	2	PA
<b>Topical Anesthetics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>lidocaine HCl</i>	1	
<b>Brands</b>		
EMLA	3	
<b>Topical Antibacterials</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>mupirocin</i>	1	
<i>sodium sulfacetamide</i>	1	
<b>Brands</b>		
KLARON	2	

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Drug Name	Drug Tier	Req./ Limits
<b>Topical Antifungals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>clotrimazole</i>	1	
<i>econazole nitrate</i>	1	
<i>nystatin</i>	1	
<b>Brands</b>		
ERTACZO	2	
LOPROX	2	
<b>Topical Antivirals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
DENAVIR	2	
ZOVIRAX CREAM	3	
ZOVIRAX OINTMENT	3	
<b>Topical Corticosteroids</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>alclometasone dipropionate cream</i>	1	
<i>alclometasone dipropionate ointment</i>	1	
<i>amcinonide cream</i>	1	
<i>amcinonide lotion</i>	1	
<i>amcinonide ointment</i>	1	
<i>betamethasone dipropionate lotion</i>	1	
<i>betamethasone valerate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluticasone propionate cream</i>	1	
<i>fluticasone propionate ointment</i>	1	
<i>halobetasol propionate cream</i>	1	
<i>halobetasol propionate ointment</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate cream</i>	1	
<i>hydrocortisone butyrate ointment</i>	1	
<i>hydrocortisone butyrate solution</i>	1	
<i>prednicarbate cream</i>	1	
<i>prednicarbate ointment</i>	1	
<i>triamcinolone acetonide</i>	1	
<b>Brands</b>		
DIPROLENE	3	
LUXIQ	2	
OLUX	2	
PANDEL	2	
PSORCON E	2	
<b>Topical Scabicides / Pediculicides</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>permethrin</i>	1	
<b>Brands</b>		
EURAX	2	

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Drug Name	Drug Tier	Req./ Limits
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>Miscellaneous Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>anagrelide hydrochloride</i>	1	QL
<i>pilocarpine HCl</i>	1	
<b>Brands</b>		
ACTONEL 30MG	2	QL,PA
ADAGEN	5	
CARNITOR	2	
EVOXAC	2	
EXJADE	5	
FOSAMAX 40MG	2	QL,PA
FOSRENOL	2	
INCRELEX	5	PA
ORFADIN	5	
PHOSLO	2	
PROLASTIN	5	PA
RENAGEL	2	
SKELID	3	QL,PA
THALOMID	5	PA
<b>Smoking Deterrents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>buproban 150mg</i>	1	QL,PA
<i>bupropion HCl ER</i>	1	QL,PA
<i>bupropion HCl SR</i>	1	QL,PA
<i>nicotine patch</i>	1	PA

Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
CHANTIX	2	PA
NICOTROL	3	QL,PA
NICOTROL NS	3	QL,PA
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>Miscellaneous Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>triamcinolone acetonide</i>	1	
<b>Brands</b>		
ADRENALIN CHLORIDE NASAL	2	
BACTROBAN NASAL	2	
TYZINE	2	
<b>Miscellaneous Otic Preparations</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
DERMOTIC	2	
FLOXIN	2	
<b>Otic Steroid / Antibiotic</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>neomycin/polymyxin/hydrocortiso ne</i>	1	
<i>neomycin/polymyxin/hydrocortiso ne</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
CIPRODEX	2	
<b>ENDOCRINE/DIABETES</b>		
<b>Adrenal Hormones</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>a-methapred</i>	1	PA
<i>dexamethasone</i>	1	
<i>dexamethasone elixir</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	PA
<i>prednisolone</i>	1	PA
<i>prednisone</i>	1	PA
<i>solu-medrol 500mg/4ml</i>	1	PA
<b>Brands</b>		
CORTEF	2	
DEPO-MEDROL	2	PA
DEXAMETHASONE 1MG TABLET	2	
DEXAMETHASONE 2MG TABLET	2	
DEXAMETHASONE DROPS	2	
DEXAMETHASONE SOLUTION	2	
METHYLPREDNISOLONE 100MG VIAL	2	PA
PREDNISONE CONCENTRATE	2	PA
SOLU-MEDROL	2	PA

Drug Name	Drug Tier	Req./ Limits
<b>Antithyroid Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>methimazole</i>	1	
<b>Diabetes Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>glimepiride</i>	1	QL
<i>glipizide</i>	1	QL
<i>glipizide/metformin</i>	1	QL
<i>glyburide</i>	1	
<i>metformin HCl</i>	1	QL
<i>metformin HCl ER</i>	1	QL
<i>tolazamide</i>	1	
<b>Brands</b>		
ACTOPLUS MET	2	QL
ACTOS	2	QL
APIDRA	2	
AVANDAMET	2	QL
AVANDARYL	2	QL
AVANDIA	2	QL
BYETTA	3	QL
DUETACT	2	QL
EXUBERA COMBINATION PACK 15	2	
EXUBERA KIT	2	QL
FORTAMET	2	QL
GLYCRON 4.5MG	2	QL
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 75/25	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
HUMULIN N	2	
HUMULIN R	2	
JANUMET	2	QL
JANUVIA	2	QL
LANTUS	2	
LEVEMIR	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG MIX 70/30	2	
PRANDIN	2	QL
STARLIX	2	QL
SYMLIN	3	QL,PA
<b>Diabetic Supplies, Misc.</b>		
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
<b>Brands</b>		
ALCOHOL SWABS	2	
BD ALCOHOL SWABS	2	
BD INSULIN PEN NEEDLES	2	
BD INSULIN SYRINGE	2	
BD SAFETYGLIDE	2	
GLUCAGON EMERGENCY KIT	2	
<b>Miscellaneous Hormones</b>		
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
<b>Generics</b>		
<i>androxy</i>	1	PA
<i>oxandrolone</i>	1	PA
<i>testosterone cypionate</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
<i>testosterone enanthate</i>	1	PA
<b>Brands</b>		
ALDURAZYME	5	PA
ANADROL-50	3	PA
ANDRODERM	2	QL,PA
ANDROGEL	2	QL,PA
CEREZYME	5	PA
DEPO-TESTOSTERONE	2	PA
FABRAZYME	5	PA
HECTOROL	2	
MIACALCIN NASAL SPRAY	2	QL
NAGLAZYME	5	
SENSIPAR	2	QL,PA
SOMAVERT	2	QL,PA
STIMATE	2	
TESTIM	3	QL,PA
ZAVESCA	2	
ZEMPLAR	2	
<b>Thyroid Hormones</b>		
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Req./ Limits</b>
<b>Generics</b>		
<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	1	
<b>Brands</b>		
CYTOMEL	2	

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Drug Name	Drug Tier	Req./ Limits
<b>GASTROENTEROLOGY</b>		
<b>Antidiarrheals &amp; Antispasmodics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
diphenoxylate/atropine	1	
glycopyrrolate	1	
<b>Miscellaneous Gastrointestinal Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
lactulose	1	
metoclopramide HCl	1	
ondansetron HCl in dextrose	1	
ondansetron HCl solution	1	PA
ondansetron HCl tablet	1	QL,PA
prochlorperazine edisylate	1	
prochlorperazine maleate suppository	1	PA
prochlorperazine maleate tablet	1	PA
procto-pak	1	
ursodiol	1	
<b>Brands</b>		
AMITIZA	2	QL,PA
ANZEMET	3	QL,PA
CANASA	2	
COLAZAL	2	
CREON	2	
EMEND	2	QL,PA
LIALDA	2	
LOTRONEGX	2	QL,PA
MARINOL	3	PA
PENTASA	2	

Drug Name	Drug Tier	Req./ Limits
REMICADE	5	PA
SUCRAID	5	
ULTRASE	2	
URSO	2	
URSO FORTE	2	
<b>BOWEL EVACUANTS</b>		
<b>Generics</b>		
<i>polyethylene glycol</i>	1	
<b>Brands</b>		
HALFLYTELY	3	
MOVIPREP	2	
NULYTELY	3	
<b>Ulcer Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
<b>Brands</b>		
PREVPAC	3	
<b>H2 ANTAGONISTS</b>		
<b>Generics</b>		
<i>famotidine</i>	1	QL
<i>famotidine injection</i>	1	
<i>nizatidine</i>	1	QL
<i>ranitidine HCl</i>	1	QL
<b>Brands</b>		
ZANTAC INJECTION	2	
ZANTAC RX	2	

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Drug Name	Drug Tier	Req./ Limits
<b>PROTON PUMP INHIBITORS</b>		
<b>Generics</b>		
omeprazole	1	QL
<b>Brands</b>		
NEXIUM	2	QL
NEXIUM I.V.	2	
PREVACID	2	QL
PREVACID IV	2	
PREVACID SUSPENSION	2	
PRILOSEC 40MG	3	QL
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>		
<b>Biotechnology Drugs</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
ACTIMMUNE	5	PA
ARANESP	2	QL,PA
AVONEX ADMINISTRATION PACK	5	QL,PA
BETASERON	5	QL,PA
EPOGEN	3	QL,PA
INTRON A	2	PA
LEUKINE	5	PA
NEULASTA	3	QL,PA
NEUMEGA	5	QL,PA
NEUPOGEN	5	QL,PA
NORDITROPIN	5	PA
NORDITROPIN NORDIFLEX	5	PA
PEGASYS	2	QL,PA
PEG-INTRON	2	QL,PA
PEG-INTRON REDIPEN	2	QL,PA

Drug Name	Drug Tier	Req./ Limits
PROCRT	2	QL,PA
PROLEUKIN	5	
REBIF	5	QL,PA
ROFERON-A	2	PA
TEV-TROPIN	5	PA
<b>Vaccines &amp; Miscellaneous Immunologicals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>tetanus toxoid</i>	1	
<b>Brands</b>		
ACTHIB	2	
COMVAX	2	PA
DAPTACEL	2	
DIPHThERIA/TETANUS TOXOIDS	2	
ENGERIX-B	2	PA
GARDASIL	2	PA
HAVRIX	2	
IMMUNE GLOBULIN	2	PA
IMOVAx RABIES VACCINE	2	
INFANRIX	2	
JE-VAX	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
PEDIARIX	2	PA
RABAVERT	2	
RECOMBIVAX HB	2	PA
TETANUS DIPHThERIA TOXOIDS	2	
THYMOGLOBULIN	2	PA
TICE BCG	2	PA
TRIHIBIT	2	

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Drug Name	Drug Tier	Req./ Limits
TRIPEDIA	2	
TWINRIX	2	PA
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	PA
<b>MISCELLANEOUS VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>Miscellaneous Nutrition Products</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
FREAMINE HBC	2	
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>		
<b>Gout Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<b>Brands</b>		
COLCHICINE VIAL	2	

Drug Name	Drug Tier	Req./ Limits
<b>Osteoporosis Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
ACTONEL	2	QL
ACTONEL WITH CALCIUM	2	QL
BONIVA	2	QL
EVISTA	2	QL
FORTEO	2	QL
FOSAMAX	2	QL
<b>Other Rheumatologicals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>leflunomide</i>	1	QL,PA
<b>Brands</b>		
ENBREL	5	QL,PA
HUMIRA	5	QL,PA
RIDAURA	3	
<b>OBSTETRICS &amp; GYNECOLOGY</b>		
<b>Estrogens &amp; Progestins</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
<b>Brands</b>		
ACTIVELLA	2	QL
ALORA	2	QL
CENESTIN	2	QL
CLIMARA PRO	2	QL

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Drug Name	Drug Tier	Req./ Limits
COMBIPATCH	2	QL
ENJUVIA	2	QL
ESTRASORB	3	QL
ESTRING	3	QL
ESTROGEL	3	QL
FEMHRT	3	QL
PREFEST	3	QL
PREMARIN	3	QL
PREMARIN CREAM	2	
PREMPHASE	2	QL
PREMPRO	2	QL
VAGIFEM	2	
VIVELLE	2	QL
<b>Miscellaneous Ob/Gyn</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>clindamycin phosphate cream</i>	1	
<i>metronidazole vaginal</i>	1	
<i>nystatin</i>	1	
<i>terconazole</i>	1	
<i>zazole</i>	1	
<b>Brands</b>		
NUVARING	3	
<b>Oral Contraceptives &amp; Related Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>aranelle</i>	1	
<i>balziva</i>	1	
<i>cesia</i>	1	
<i>jolessa</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>junel</i>	1	
<i>junel FE</i>	1	
<i>leena</i>	1	
<i>levora-28</i>	1	
<i>low-ogestrel</i>	1	
<i>microgestin</i>	1	
<i>microgestin FE</i>	1	
<i>mononessa</i>	1	
<i>necon</i>	1	
<i>nortrel</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>trinessa</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
<b>Brands</b>		
ORTHO EVRA	3	
PLAN B	2	
<b>Oxytocics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
METHERGINE	2	

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Drug Name	Drug Tier	Req./ Limits
<b>OPHTHALMOLOGY</b>		
<b>Antibiotics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ciprofloxacin HCl</i>	1	
<i>erythromycin</i>	1	
<b>Brands</b>		
CILOXAN	2	
VIGAMOX	2	
ZYMAR	2	
<b>Antivirals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>trifluridine</i>	1	
<b>Beta-Blockers</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>timolol maleate</i>	1	
<b>Brands</b>		
BETOPTIC S	3	
ISTALOL	2	
TIMOPTIC SINGLE USE DROPPERETTE	2	

Drug Name	Drug Tier	Req./ Limits
<b>Miscellaneous Ophthalmologics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ketotifen fumarate</i>	1	
<i>proparacaine HCl</i>	1	
<b>Brands</b>		
ALOCRIL	3	
ELESTAT	2	
OPTIVAR	2	
PATANOL	2	
RESTASIS	2	QL
<b>Non-Steroidal Anti-Inflammatory Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
ACULAR	2	
NEVANAC	2	
VOLTAREN	2	
XIBROM	2	
<b>Oral Drugs For Glaucoma</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>acetazolamide sodium</i>	1	

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Drug Name	Drug Tier	Req./ Limits
<b>Other Glaucoma Drugs</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
AZOPT	2	
COSOPT	2	
LUMIGAN	2	
TRAVATAN	2	
TRAVATAN Z	2	
TRUSOPT	2	
XALATAN	2	
<b>Steroid-Antibiotic Combinations</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>neomycin/polymyxin/ dexamethasone</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	1	
<i>neomycin/polymyxin/hydrocortiso ne</i>	1	
<b>Brands</b>		
TOBRADEX	2	
ZYLET	2	
<b>Steroids</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>fluorometholone</i>	1	
<b>Brands</b>		
ALREX	3	
LOTEMAX	2	

Drug Name	Drug Tier	Req./ Limits
VEXOL	3	
<b>Steroid-Sulfonamide Combinations</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>sulfacetamide/prednisolone</i>	1	
<b>Sulfonamides</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>ocusulf-10</i>	1	
<i>sulfacetamide sodium</i>	1	
<b>Sympathomimetics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>dipivefrin HCl</i>	1	
<b>Brands</b>		
ALPHAGAN P	2	
<b>RESPIRATORY AND ALLERGY</b>		
<b>Antihistamine &amp; Antiallergenic Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>ADRENERGICS</b>		
Generics		
<i>adrenalin chloride</i>	1	
<b>Brands</b>		
EPIPEN	2	

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Drug Name	Drug Tier	Req./ Limits
<b>ANTIHISTAMINES</b>		
<b>Generics</b>		
<i>diphenhydramine HCl</i>	1	
<i>diphenhydramine HCl elixir</i>	1	
<i>fexofenadine HCl</i>	1	QL
<i>hydroxyzine HCl</i>	1	PA
<i>phenadoz</i>	1	
<i>promethazine HCl</i>	1	PA
<b>Brands</b>		
CLARINEX	2	QL
CLARINEX SYRUP	2	
PALGIC	3	
<b>ANTIHISTAMINES PLUS DECONGESTANTS</b>		
<b>Brands</b>		
ALLEGRA-D	3	QL
<b>Pulmonary Agents</b>		
Drug Name	Drug Tier	Req./ Limits
<b>INHALED BETA AGONISTS</b>		
<b>Generics</b>		
<i>albuterol inhaler</i>	1	QL
<i>albuterol sulfate for nebulization</i>	1	PA
<i>albuterol sulfate solution</i>	1	PA
<i>metaproterenol sulfate inhalation</i>	1	PA
<b>Brands</b>		
ACCUNEB	2	PA
ALBUTEROL SULFATE FOR NEBULIZATION 0.42MG/ML	2	PA
BROVANA	3	QL,PA
FORADIL	2	QL
PROAIR HFA	2	QL
PROVENTIL HFA	2	QL

Drug Name	Drug Tier	Req./ Limits
SEREVENT DISKUS	2	QL
VENTOLIN HFA	2	QL
<b>INHALED CORTICOSTEROIDS</b>		
<b>Brands</b>		
ASMANEX	2	QL
AZMACORT	3	QL
FLOVENT HFA	2	QL
PULMICORT FOR NEBULIZATION	2	PA
PULMICORT INHALER	2	QL
QVAR	2	QL
<b>INTRANASAL STEROIDS</b>		
<b>Generics</b>		
<i>flunisolide</i>	1	QL
<i>fluticasone propionate</i>	1	QL
<b>Brands</b>		
NASACORT AQ	2	QL
NASAREL	3	QL
NASONEX	2	QL
RHINOCORT AQUA	3	QL
<b>MISCELLANEOUS PULMONARY AGENTS</b>		
<b>Generics</b>		
<i>acetylcysteine</i>	1	PA
<i>cromolyn sodium</i>	1	PA
<i>ipratropium bromide</i>	1	PA
<i>terbutaline sulfate</i>	1	
<b>Brands</b>		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
ATROVENT HFA	2	QL
COMBIVENT	2	QL
DUONEB	2	PA

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Drug Name	Drug Tier	Req./ Limits
INTAL INHALER	2	QL
PULMOZYME	5	PA
REVATIO	5	QL
SINGULAIR	2	QL
SPIRIVA	2	QL
SYMBICORT	2	QL
TILADE	2	QL
TRACLEER	5	PA
<b>ORAL BETA AGONISTS</b>		
<b>Generics</b>		
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate ER</i>	1	
<b>XANTHINES</b>		
<b>Generics</b>		
<i>aminophylline</i>	1	
<i>theophylline</i>	1	
<b>UROLOGICALS</b>		
<b>Anticholinergics &amp; Antispasmodics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride ER</i>	1	QL
<b>Brands</b>		
DETROL	2	QL
DETROL LA	2	QL
ENABLEX	2	QL
OXYTROL	2	QL
SANCTURA	2	QL
VESICARE	2	QL

Drug Name	Drug Tier	Req./ Limits
<b>Benign Prostatic Hyperplasia (BPH) Therapy</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>finasteride</i>	1	QL
<b>Brands</b>		
AVODART	2	QL
FLOMAX	2	QL
UROXATRAL	2	QL
<b>Cholinergic Stimulants</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>bethanechol chloride</i>	1	
<b>Miscellaneous Urologicals</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Brands</b>		
CYSTAGON	2	
<b>Urinary Anesthetics</b>		
Drug Name	Drug Tier	Req./ Limits
<b>Generics</b>		
<i>phenazopyridine HCl</i>	1	

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Drug Name	Drug Tier	Req./Limits
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>Electrolytes</b>		
Drug Name	Drug Tier	Req./Limits
<b>POTASSIUM</b>		
<b>Generics</b>		
<i>potassium chloride</i>	1	
<b>Brands</b>		
POTASSIUM CHLORIDE IV PIGGYBACK	3	
POTASSIUM CHLORIDE/NORMAL SALINE	2	
<b>Vitamins &amp; Hematinics</b>		
Drug Name	Drug Tier	Req./Limits
<b>Generics</b>		
<i>prenatal RX</i>	1	

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## INDEX

### A

<i>a-methapred</i>	21
ABILIFY INJECTION	14
ABILIFY	14
ACCUNEB	29
ACEON	15
<i>acetaminophen/codeine</i>	13
<i>acetazolamide sodium</i>	27
<i>acetylcysteine</i>	29
ACTHIB	24
ACTIMMUNE	24
ACTIVELLA	25
ACTONEL 30MG	20
ACTONEL WITH CALCIUM	25
ACTONEL	25
ACTOPLUS MET	21
ACTOS	21
ACULAR	27
ADAGEN	20
ADDERALL XR	14
ADRENALIN CHLORIDE NASAL	20
<i>adrenalin chloride</i>	28
ADVAIR DISKUS	29
ADVAIR HFA	29
ADVICOR	17
AGENERASE	7
AGGRENOX	17
<i>albuterol inhaler</i>	29
<i>albuterol sulfate ER</i>	30
ALBUTEROL SULFATE FOR NEBULIZATION 0.42MG/ML	29
<i>albuterol sulfate for nebulization</i>	29
<i>albuterol sulfate solution</i>	29
<i>albuterol sulfate</i>	30
<i>alclometasone dipropionate cream</i>	19
<i>alclometasone dipropionate ointment</i>	19
ALCOHOL SWABS	22
ALDURAZYME	22
ALINIA	8
ALKERAN INJECTION	10
ALLEGRA-D	29
<i>allopurinol</i>	25
ALOCRIL	27

ALORA	25
ALPHAGAN P	28
ALREX	28
ALTACE	15
AMBIEN CR	14
<i>amcinonide cream</i>	19
<i>amcinonide lotion</i>	19
<i>amcinonide ointment</i>	19
AMERGE	12
<i>amiloride HCl</i>	16
<i>aminophylline</i>	30
AMITIZA	23
<i>amitriptyline HCl</i>	13
<i>amitriptyline/chlordiazepoxide</i>	15
<i>amlodipine besylate/benazepril 10mg-20mg</i>	15
<i>amlodipine besylate/benazepril 2.5mg-10mg</i>	15
<i>amlodipine besylate/benazepril 5mg-10mg</i>	15
<i>amlodipine besylate/benazepril 5mg-20mg</i>	16
<i>amlodipine besylate</i>	16
<i>amoxicillin</i>	9
<i>amphetamine salt combo</i>	14
ANADROL-50	22
<i>anagrelide hydrochloride</i>	20
ANDRODERM	22
ANDROGEL	22
<i>androxy</i>	22
ANTARA	17
ANZEMET	23
APIDRA	21
APOKYN	11
<i>aranelle</i>	26
ARANESP	24
ARICEPT ODT	12
ARICEPT	12
ARIMIDEX	10
ARIIXTRA	17
AROMASIN	10
ASMANEX	29
ATACAND HCT	15
ATACAND	15
ATROVENT HFA	29
AUGMENTIN XR	9
AVALIDE	15
AVANDAMET	21
AVANDARYL	21

AVANDIA -----	21
AVAPRO -----	15
AVASTIN -----	10
AVELOX -----	9
<i>avita</i> -----	18
AVODART -----	30
AVONEX ADMINISTRATION PACK -----	24
<i>azathioprine</i> -----	11
<i>azithromycin suspension</i> -----	8
<i>azithromycin</i> -----	8
AZMACORT -----	29
AZOPT -----	28
<b>B</b>	
<i>baclofen tablet</i> -----	12
BACTROBAN NASAL -----	20
<i>balziva</i> -----	26
BARACLUE -----	7
BD ALCOHOL SWABS -----	22
BD INSULIN PEN NEEDLES -----	22
BD INSULIN SYRINGE -----	22
BD SAFETYGLIDE -----	22
<i>betamethasone dipropionate lotion</i> -----	19
<i>betamethasone valerate</i> -----	19
BETASERON -----	24
<i>bethanechol chloride</i> -----	30
BETOPTIC S -----	27
BICNU -----	10
BIDIL -----	16
<i>bleomycin sulfate</i> -----	10
BONIVA -----	25
BROVANA -----	29
<i>budeprion XL 300mg</i> -----	13
<i>buproban 150mg</i> -----	20
<i>bupropion HCl ER</i> -----	20
<i>bupropion HCl SR</i> -----	20
<i>bupropion HCl</i> -----	13
<i>buspirone HCl</i> -----	14
<i>butorphanol tartrate</i> -----	13
BYETTA -----	21
<b>C</b>	
CADUET -----	17
CANASA -----	23
<i>captopril/hydrochlorothiazide</i> -----	16
<i>captopril</i> -----	15

CARAC -----	18
<i>carbamazepine</i> -----	11
CARBATROL -----	11
<i>carbidopa/levodopa</i> -----	11
<i>carboplatin</i> -----	10
CARMOL HC -----	18
CARNITOR -----	20
CASODEX -----	10
<i>cefaclor</i> -----	7
<i>cefadroxil</i> -----	7
CEFAZOLIN SODIUM 500MG/50ML -----	8
<i>cefdinir</i> -----	7
<i>cefotaxime sodium</i> -----	7
<i>cefoxitin 10gm vial</i> -----	8
CEFTRIAXONE IV PIGGYBACK -----	8
<i>ceftriaxone</i> -----	8
CEFUXIME 1.5GM/50ML -----	8
<i>cefuroxime axetil</i> -----	8
CEFUXIME SODIUM 750MG/50ML ---	8
<i>cefuroxime sodium</i> -----	8
CELEBREX -----	13
CELLCEPT -----	11
CENESTIN -----	25
CEREZYME -----	22
<i>cesia</i> -----	26
CHANTIX -----	20
<i>chloroquine phosphate</i> -----	8
<i>chlorpromazine HCl</i> -----	14
<i>cilostazol</i> -----	17
CILOXAN -----	27
CIPRODEX -----	21
<i>ciprofloxacin HCl</i> -----	9, 27
<i>cisplatin</i> -----	10
<i>citalopram hydrobromide solution</i> -----	13
<i>citalopram hydrobromide</i> -----	13
CLARINEX SYRUP -----	29
CLARINEX -----	29
<i>clarithromycin ER</i> -----	8
<i>clarithromycin</i> -----	8
CLEOCIN PALMITATE -----	8
CLIMARA PRO -----	25
<i>clindamycin HCl</i> -----	8
<i>clindamycin phosphate cream</i> -----	26
<i>clindamycin phosphate</i> -----	8, 18
<i>clonidine HCl</i> -----	15

<i>clotrimazole</i>	7, 19
COLAZAL	23
COLCHICINE VIAL	25
<i>colchicine</i>	25
COLESTID	17
<i>colestipol HCl</i>	17
COMBIPATCH	26
COMBIVENT	29
COMBIVIR	7
COMTAN	11
COMVAX	24
COPAXONE	12
COREG CR	16
COREG	16
CORTEF	21
COSOPT	28
COZAAR	15
CREON	23
CRESTOR	17
<i>cromolyn sodium</i>	29
<i>cyclophosphamide injection</i>	10
<i>cyclophosphamide tablet</i>	10
CYCLOSPORINE AMPULE	11
<i>cyclosporine</i>	11
CYKLOKAPRON	17
CYMBALTA	14
CYSTAGON	30
CYTARABINE 100MG/ML INJECTION	10
<i>cytarabine</i>	10
CYTOMEL	22
CYTOVENE	7
<b>D</b>	
<i>dacarbazine</i>	10
DAPTACEL	24
<i>daunorubicin HCl</i>	10
DENAVIR	19
DEPAKOTE ER	11
DEPAKOTE	11
DEPO-MEDROL	21
DEPO-TESTOSTERONE	22
DERMOTIC	20
DETROL LA	30
DETROL	30
DEXAMETHASONE 1MG TABLET	21
DEXAMETHASONE 2MG TABLET	21

DEXAMETHASONE DROPS	21
<i>dexamethasone elixir</i>	21
DEXAMETHASONE SOLUTION	21
<i>dexamethasone</i>	21
<i>dexamethylphenidate HCl</i>	14
<i>dextroamphetamine sulfate</i>	14
<i>dextrostat</i>	14
<i>diclofenac sodium</i>	13
<i>digoxin</i>	16
DILAUDID-HP	13
<i>diltiazem HCl ER</i>	16
DILTIAZEM HCl VIAL	16
<i>diltiazem HCl</i>	16
DIOVAN HCT	15
DIOVAN	15
<i>diphenhydramine HCl elixir</i>	29
<i>diphenhydramine HCl</i>	29
<i>diphenoxylate/atropine</i>	23
DIPHTHERIA/TETANUS TOXOIDS	24
<i>dipivefrin HCl</i>	28
DIPROLENE	19
<i>dipyridamole</i>	17
DOVONEX	18
<i>doxazosin mesylate</i>	15
<i>doxepin HCl</i>	13
<i>doxorubicin HCl</i>	10
<i>doxycycline hyyclate</i>	9
DUETACT	21
DUONEB	29
<b>E</b>	
<i>econazole nitrate</i>	19
EFFEXOR XR	14
EFUDEX	18
ELESTAT	27
ELIDEL	18
ELIGARD	10
ELOXATIN	10
EMEND	23
EMLA	18
ENABLEX	30
<i>enalapril maleate</i>	15
ENBREL	25
INGERIX-B	24
ENJUVIA	26
EPIPEN	28

EPIRUBICIN HCl -----	10
EPIVIR HBV -----	7
EPIVIR -----	7
EPOGEN -----	24
EPZICOM -----	7
ERAXIS -----	7
ERBITUX -----	10
<i>ergotamine-caffeine</i> -----	12
ERTACZO -----	19
<i>erythromycin/benzoyl peroxide gel</i> -----	18
<i>erythromycin</i> -----	18, 27
ESTRASORB -----	26
ESTRING -----	26
ESTROGEL -----	26
EURAX -----	19
EVISTA -----	25
EVOCLIN -----	18
EVOXAC -----	20
EXELON SOLUTION -----	12
EXELON -----	12
EXJADE -----	20
EXUBERA COMBINATION PACK 15 -----	21
EXUBERA KIT -----	21
<b>F</b>	
FABRAZYME -----	22
<i>famotidine injection</i> -----	23
<i>famotidine</i> -----	23
FAMVIR -----	7
FASLODEX -----	10
<i>felodipine ER</i> -----	16
FEMHRT -----	26
FENTANYL INJECTION -----	13
<i>fentanyl lollipop</i> -----	13
<i>fentanyl patch</i> -----	13
<i>fexofenadine HCl</i> -----	29
FINACEA -----	18
<i>finasteride</i> -----	30
FLOMAX -----	30
FLOVENT HFA -----	29
FLOXIN -----	20
FLOXURIDINE -----	10
<i>fluconazole suspension</i> -----	7
<i>fluconazole</i> -----	7
<i>flunisolide</i> -----	29
<i>fluocinolone acetonide</i> -----	19

<i>fluocinonide</i> -----	19
<i>fluorometholone</i> -----	28
<i>fluorouracil</i> -----	10, 18
<i>fluoxetine HCl solution</i> -----	13
<i>fluoxetine HCl</i> -----	13
<i>flutamide</i> -----	10
<i>fluticasone propionate cream</i> -----	19
<i>fluticasone propionate ointment</i> -----	19
<i>fluticasone propionate</i> -----	29
FOCALIN XR -----	14
FORADIL -----	29
FORTAMET -----	21
FORTEO -----	25
FOSAMAX 40MG -----	20
FOSAMAX -----	25
<i>foscarnet sodium</i> -----	7
<i>fosinopril sodium</i> -----	15
FOSRENOL -----	20
FRAGMIN -----	17
FREAMINE HBC -----	25
<i>furosemide solution 10mg/ml</i> -----	16
FUROSEMIDE SOLUTION -----	16
<i>furosemide</i> -----	16
<b>G</b>	
GARDASIL -----	24
<i>gemfibrozil</i> -----	17
<i>gengraf</i> -----	11
GENTAMICIN SULFATE 80MG VIAL -----	8
GEODON -----	14
GLEEVEC -----	10
<i>glimepiride</i> -----	21
<i>glipizide/metformin</i> -----	21
<i>glipizide</i> -----	21
GLUCAGON EMERGENCY KIT -----	22
<i>glyburide</i> -----	21
<i>glycopyrrolate</i> -----	23
GLYCRON 4.5MG -----	21
<b>H</b>	
HALFLYTELY -----	23
<i>halobetasol propionate cream</i> -----	19
<i>halobetasol propionate ointment</i> -----	19
<i>haloperidol</i> -----	14
HAVRIX -----	24
HECTOROL -----	22

HEPARIN SODIUM 10000 U/5ML -----	17
HEPARIN SODIUM 25000U/10ML -----	17
HEP SERA -----	7
HUMALOG MIX 50/50 -----	21
HUMALOG MIX 75/25 -----	21
HUMALOG -----	21
HUMIRA -----	25
HUMULIN N -----	22
HUMULIN R -----	22
<i>hydralazine HCl</i> -----	16
<i>hydrochlorothiazide</i> -----	16
<i>hydrocortisone butyrate cream</i> -----	19
<i>hydrocortisone butyrate ointment</i> -----	19
<i>hydrocortisone butyrate solution</i> -----	19
<i>hydrocortisone</i> -----	19, 21
<i>hydromorphone HCl</i> -----	13
<i>hydroxyurea</i> -----	10
<i>hydroxyzine HCl</i> -----	29
HYZAAR -----	15
<b>I</b>	
<i>ibuprofen suspension</i> -----	13
IFOSFAMIDE/MESNA 3-1G -----	10
<i>ifosfamide/mesna</i> -----	10
IFOSFAMIDE -----	10
IMITREX INJECTION -----	12
IMITREX NASAL SPRAY -----	12
IMITREX TABLET -----	12
IMMUNE GLOBULIN -----	24
IMOVA X RABIES VACCINE -----	24
INCRELEX -----	20
INFANRIX -----	24
INFUMORPH -----	13
INTAL INHALER -----	30
INTRON A -----	24
INVEGA -----	14
INVIRASE -----	7
<i>ipratropium bromide</i> -----	29
ISONIAZID SYRUP -----	8
<i>isoniazid</i> -----	8
ISTALOL -----	27
<b>J</b>	
<i>jantoven</i> -----	17
JANUMET -----	22
JANUVIA -----	22

JE-VAX -----	24
<i>jolessa</i> -----	26
<i>junel FE</i> -----	26
<i>junel</i> -----	26
<b>K</b>	
KADIAN -----	13
KEPPRA -----	11
KETEK -----	8
<i>ketotifen fumarate</i> -----	27
KLARON -----	18
<b>L</b>	
<i>labetalol HCl</i> -----	16
<i>lactulose</i> -----	23
LAMICTAL -----	11
LANOXICAPS -----	16
LANOXIN INJECTION -----	16
LANOXIN -----	16
LANTUS -----	22
<i>leena</i> -----	26
<i>leflunomide</i> -----	25
<i>leucovorin calcium 100mg vial</i> -----	9
LEUCOVORIN CALCIUM 10MG TABLET	9
LEUCOVORIN CALCIUM 10MG/ML -----	9
LEUCOVORIN CALCIUM 15MG TABLET	10
<i>leucovorin calcium 200mg vial</i> -----	9
<i>leucovorin calcium 25mg tablet</i> -----	9
<i>leucovorin calcium 350mg vial</i> -----	9
LEUCOVORIN CALCIUM 500MG VIAL --	10
<i>leucovorin calcium 50mg vial</i> -----	9
<i>leucovorin calcium 5mg tablet</i> -----	9
LEUKERAN -----	10
LEUKINE -----	24
LEVAQUIN -----	9
LEVEMIR -----	22
<i>levora-28</i> -----	26
<i>levorphanol tartrate</i> -----	13
<i>levothyroxine sodium</i> -----	22
LEXIVA -----	7
LIALDA -----	23
<i>lidocaine HCl</i> -----	18
<i>liothyronine sodium</i> -----	22
LIPITOR -----	17
<i>lisinopril/hydrochlorothiazide</i> -----	16
<i>lisinopril</i> -----	15

LOPROX -----	19
LOTEMAX -----	28
LOTRONEX -----	23
<i>lovastatin</i> -----	17
LOVAZA -----	17
LOVENOX -----	17
<i>low-ogestrel</i> -----	26
LUMIGAN -----	28
LUNESTA -----	14
LUXIQ -----	19
LYRICA -----	11
<b>M</b>	
MARINOL -----	23
MAXALT MLT -----	12
MAXALT -----	12
MAXIPIME -----	8
<i>mebendazole</i> -----	8
<i>medroxyprogesterone acetate</i> -----	25
<i>mefloquine HCl</i> -----	8
<i>megestrol acetate</i> -----	10
<i>meloxicam</i> -----	13
MENACTRA -----	24
MENOMUNE-A/C/Y/W-135 -----	24
<i>meperidine HCl</i> -----	13
MEPRON -----	8
<i>mercaptopurine</i> -----	10
MESNEX -----	10
METADATE CD -----	14
<i>metadate ER</i> -----	14
<i>metaproterenol sulfate inhalation</i> -----	29
<i>metformin HCl ER</i> -----	21
<i>metformin HCl</i> -----	21
METHADONE HCl SOLUTION -----	13
<i>methadone HCl</i> -----	13
METHERGINE -----	26
<i>methimazole</i> -----	21
<i>methotrexate injection</i> -----	10
<i>methotrexate tablet</i> -----	10
METHYLIN CHEWABLE -----	14
<i>methyltin ER</i> -----	14
METHYLIN SOLUTION -----	14
<i>methyltin tablet</i> -----	14
<i>methylphenidate ER</i> -----	14
<i>methylphenidate HCl</i> -----	14
METHYLPREDNISOLONE 100MG VIAL	- 21

<i>methylprednisolone</i> -----	21
<i>metoclopramide HCl</i> -----	23
<i>metolazone</i> -----	16
<i>metoprolol ER</i> -----	16
<i>metoprolol tartrate</i> -----	16
METROGEL -----	18
<i>metronidazole vaginal</i> -----	26
<i>metronidazole</i> -----	8, 18
<i>mexiletine HCl</i> -----	15
MIACALCIN NASAL SPRAY -----	22
MICARDIS HCT -----	15
MICARDIS -----	15
<i>microgestin FE</i> -----	26
<i>microgestin</i> -----	26
MIGRAL -----	12
<i>minoxidil</i> -----	16
MIRAPEX -----	11
<i>misoprostol</i> -----	23
<i>mitomycin</i> -----	10
<i>moexipril HCl</i> -----	15
<i>moexipril/hydrochlorothiazide</i> -----	16
<i>mononessa</i> -----	26
<b>MORPHINE SULFATE 10MG/ML</b>	
AMPULE -----	13
<b>MORPHINE SULFATE 250MG/10ML</b>	
VIAL -----	13
<b>MORPHINE SULFATE 8MG INJECTION</b> - 13	
<i>morphine sulfate solution</i> -----	13
<i>morphine sulfate</i> -----	13
MOVIPREP -----	23
<i>mupirocin</i> -----	18
MUSTARGEN -----	10
MYFORTIC -----	11
MYLOTARG -----	10
<b>N</b>	
<i>nafcillin sodium 10gm vial</i> -----	9
NAFCILLIN SODIUM 1GM VIAL -----	9
NAGLAZYME -----	22
<i>naloxone HCl</i> -----	12
NAMENDA DOSE PACK -----	12
NAMENDA SOLUTION -----	12
NAMENDA -----	12
NARDIL -----	14
<i>narvox</i> -----	13
NASACORT AQ -----	29

NASAREL -----	29
NASONEX -----	29
NEBUPENT -----	8
<i>necon</i> -----	26
<i>neomycin sulfate</i> -----	8
<i>neomycin/polymyxin/ dexamethasone</i> -----	28
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i> -----	28
<i>neomycin/polymyxin/hydrocortisone</i> -----	20, 28
NEORAL -----	11
NEULASTA -----	24
NEUMEGA -----	24
NEUPOGEN -----	24
NEUTREXIN -----	8
NEVANAC -----	27
NEXAVAR -----	10
NEXIUM I.V. -----	24
NEXIUM -----	24
NIASPAN -----	17
<i>nicotine patch</i> -----	20
NICOTROL NS -----	20
NICOTROL -----	20
<i>nifedipine ER</i> -----	16
<i>nifedipine</i> -----	16
NIMOTOP -----	16
<i>nitro-bid</i> -----	17
<i>nitroglycerin CR</i> -----	17
<i>nitroglycerin injection</i> -----	17
<i>nitroglycerin patch</i> -----	17
NITROLINGUAL -----	17
NITROSTAT -----	17
<i>nizatidine</i> -----	23
NORDITROPIN NORDIFLEX -----	24
NORDITROPIN -----	24
<i>norethindrone acetate</i> -----	25
<i>nortrel 1/35 (21)</i> -----	26
<i>nortrel</i> -----	26
NOVOLIN 70/30 -----	22
NOVOLIN N -----	22
NOVOLIN R -----	22
NOVOLOG MIX 70/30 -----	22
NOVOLOG -----	22
NOXAFILE -----	7
NULYTELY -----	23
NUVARING -----	26

<i>nystatin</i> -----	7, 19, 26
<b>O</b>	
<i>octreotide acetate 1000mcg/ml</i> -----	10
OCTREOTIDE ACETATE 100MCG/ML ---	10
<i>octreotide acetate 200mcg/ml</i> -----	10
OCTREOTIDE ACETATE 500MCG/ML ---	10
OCTREOTIDE ACETATE 50MCG/ML ---	10
<i>ocusulf-10</i> -----	28
<i>ofloxacin</i> -----	9
OLUX -----	19
<i>omeprazole</i> -----	24
<i>ondansetron HCl in dextrose</i> -----	23
<i>ondansetron HCl solution</i> -----	23
<i>ondansetron HCl tablet</i> -----	23
<i>onxol</i> -----	10
OPTIVAR -----	27
<i>oramorph SR</i> -----	13
ORFADIN -----	20
ORTHO EVRA -----	26
<i>oxandrolone</i> -----	22
OXSORALEN ULTRA -----	18
<i>oxybutynin chloride ER</i> -----	30
<i>oxybutynin chloride</i> -----	30
<i>oxycodone HCl</i> -----	13
OXYCONTIN -----	13
OXYFAST -----	13
OXYTROL -----	30
<b>P</b>	
<i>paclitaxel</i> -----	10
PALGIC -----	29
PANDEL -----	19
PANRETIN -----	18
<i>paroxetine HCl suspension</i> -----	13
<i>paroxetine HCl</i> -----	13
PATANOL -----	27
PAXIL CR -----	14
PEDIARIX -----	24
PEG-INTRON REDIPEN -----	24
PEG-INTRON -----	24
PEGASYS -----	24
<i>pentamidine isethionate</i> -----	8
PENTASA -----	23
<i>pentoxifylline</i> -----	17
<i>permethrin</i> -----	19

<i>perphenazine</i>	14
<i>phenadoz</i>	29
<i>phenazopyridine HCl</i>	30
<b>PHENYTEK</b>	11
<i>phenytoin</i>	11
<b>PHOSLO</b>	20
<i>pilocarpine HCl</i>	20
<b>PLAN B</b>	26
<b>PLENAXIS</b>	10
<i>polyethylene glycol</i>	23
POTASSIUM CHLORIDE IV PIGGYBACK	31
POTASSIUM CHLORIDE/NORMAL SALINE	31
<i>potassium chloride</i>	31
<b>PRANDIN</b>	22
<i>pravastatin</i>	17
<i>prednicarbate cream</i>	19
<i>prednicarbate ointment</i>	19
<i>prednisolone</i>	21
PREDNISONE CONCENTRATE	21
<i>prednisone</i>	21
<b>PREFEST</b>	26
PREMARIN CREAM	26
<b>PREMARIN</b>	26
PREMPHASE	26
PREMPRO	26
<i>prenatal RX</i>	31
PREVACID IV	24
PREVACID SUSPENSION	24
PREVACID	24
<i>previfem</i>	26
PREVPAC	23
PREZISTA	7
PRILOSEC 40MG	24
PRIMAXIN I.M.	8
PRIMAXIN	8
PRIMSOL	9
PROAIR HFA	29
PROCAINAMIDE HCl SUSTAINED RELEASE	15
<i>procainamide HCl</i>	15
<i>procloperazine edisylate</i>	23
<i>procloperazine maleate suppository</i>	23
<i>procloperazine maleate tablet</i>	23
<b>PROCRIT</b>	24
<i>procto-pak</i>	23
<b>PROGRAF</b>	11
<b>PROLASTIN</b>	20
<b>PROLEUKIN</b>	24
<i>promethazine HCl</i>	29
<i>proparacaine HCl</i>	27
<i>propoxyphene hcl/acetaminophen</i>	13
<i>propoxyphene HCl</i>	13
<i>propranolol HCl ER</i>	16
<b>PROTOPIC</b>	18
<b>PROVENTIL HFA</b>	29
<b>PROVIGIL</b>	14
<b>PSORCON E</b>	19
PULMICORT FOR NEBULIZATION	29
PULMICORT INHALER	29
PULMOZYME	30
<i>pyridostigmine bromide</i>	12
<b>Q</b>	
<b>QUALAQUIN</b>	8
<i>quasense</i>	26
<i>quinapril</i>	15
<i>quinidine sulfate</i>	15
<b>QVAR</b>	29
<b>R</b>	
<b>RABAVERT</b>	24
<b>RANEXA</b>	17
<i>ranitidine HCl</i>	23
<b>RAPAMUNE</b>	11
<b>RAPTIVA</b>	18
<b>RAZADYNE ER</b>	12
<b>RAZADYNE SOLUTION</b>	12
<b>RAZADYNE</b>	12
<b>REBETOL</b>	7
<b>REBIF</b>	24
<b>RECOMBIVAX HB</b>	24
<b>REGRANEX</b>	18
<b>RELENZA</b>	7
<b>RELPAK</b>	12
<b>REMICADE</b>	23
<b>RENAGEL</b>	20
<b>REQUIP</b>	11
<b>SCRIPTOR</b>	7
<b>RESTASIS</b>	27
<b>RETROVIR IV</b>	7

REVATIO	30
REVLIMID	10
REYATAZ	7
RHEUMATREX TABLET	10
RHINOCORT AQUA	29
<i>ribapak</i>	7
<i>ribasphere</i>	7
<i>ribavirin</i>	7
RIDAURA	25
<i>rifampin</i>	8
RISPERDAL SOLUTION	14
RITALIN LA	14
RITUXAN	10
ROFERON-A	24
ROZEREM	14
RYTHMOL SR	15
<b>S</b>	
SANCTURA	30
SANDIMMUNE	11
<i>selegiline HCl</i>	11
SENSIPAR	22
SEREVENT DISKUS	29
SEROQUEL 400MG	14
SEROQUEL 50MG	14
SEROQUEL	14
<i>sertraline concentrate</i>	14
<i>sertraline HCl concentrate</i>	14
<i>sertraline HCl</i>	14
<i>silver sulfadiazine</i>	18
<i>simvastatin</i>	17
SINGULAIR	30
SKELID	20
<i>sodium sulfacetamide</i>	18
SOLARAZE	18
SOLTAMOX	11
<i>solu-medrol 500mg/4ml</i>	21
SOLU-MEDROL	21
SOMAVERT	22
SONATA	14
SORIATANE	18
SPIRIVA	30
<i>sprintec</i>	26
SPRYCEL	11
<i>sronyx</i>	26
STALEVO	12
STARLIX	22
STIMATE	22
STRATTERA	14
SUBOXONE	12
SUCRAID	23
<i>sucralfate</i>	23
SULAR	16
<i>sulfacetamide sodium</i>	28
<i>sulfacetamide/prednisolone</i>	28
<i>sulfadiazine</i>	9
SUSTIVA	7
SUTENT	11
SYMBICORT	30
SYMLIN	22
<b>T</b>	
TAMIFLU	7
<i>tamoxifen citrate</i>	10
TARCEVA	11
TARGRETIN	11
TAZORAC	18
TEGRETOL XR	11
TEKTURNA	15
<i>terazosin HCl</i>	15
<i>terbinafine</i>	7
<i>terbutaline sulfate</i>	29
<i>terconazole</i>	26
TESLAC	11
TESTIM	22
<i>testosterone cypionate</i>	22
<i>testosterone enanthate</i>	22
TETANUS Diphtheria Toxoids	24
<i>tetanus toxoid</i>	24
<i>tetracycline HCl</i>	9
TEV-TROPIN	24
THALOMID	20
<i>theophylline</i>	30
THIOTEPA	11
THYMOGLOBULIN	24
TICE BCG	24
<i>ticlopidine HCl</i>	17
TILADE	30
<i>timolol maleate</i>	16, 27
TIMOPTIC SINGLE USE DROPPERETTE	27
<i>tizanidine HCl</i>	12
TOBI	8

TOBRADEX -----	28
<i>tolazamide</i> -----	21
TOPAMAX -----	11
TRACLEER -----	30
<i>tramadol HCl</i> -----	12
<i>trandolapril</i> -----	15
<i>tranylcypromine sulfate</i> -----	14
TRAVATAN Z -----	28
TRAVATAN -----	28
<i>trazodone HCl</i> -----	14
<i>tretinoin cream</i> -----	18
<i>tretinoin</i> -----	10
<i>tri-previfem</i> -----	26
<i>tri-sprintec</i> -----	26
<i>triamcinolone acetonide</i> -----	19, 20
TRICOR -----	17
<i>trifluridine</i> -----	27
TRIGLIDE -----	17
TRIHIBIT -----	24
<i>trimipramine maleate</i> -----	14
<i>trinessa</i> -----	26
TRIPEDIA -----	25
TRIZIVIR -----	7
TRUSOPT -----	28
TRUVADA -----	7
TWINRIX -----	25
TYGACIL -----	8
TYKERB -----	11
TYZINE -----	20
<b>U</b>	
ULTRASE -----	23
UROXATRAL -----	30
URSO FORTE -----	23
<i>ursodiol</i> -----	23
URSO -----	23
<b>V</b>	
VAGIFEM -----	26
<i>valproic acid capsule</i> -----	11
VALPROIC ACID LIQUID -----	11
<i>valproic acid syrup</i> -----	11
VALTREX -----	7
VANCOCIN HCl -----	9
VANCOMYCIN HCl 10GM VIAL -----	9
<i>vancomycin HCl</i> -----	9

VAQTA -----	25
VARIVAX -----	25
<i>velvet</i> -----	26
VENTOLIN HFA -----	29
<i>verapamil HCl</i> -----	16
VESICARE -----	30
VEXOL -----	28
VFEND IV -----	7
VFEND -----	7
VIDAZA -----	11
VIDEX EC -----	7
VIDEX -----	7
VIGAMOX -----	27
<i>vinblastine sulfate</i> -----	10
<i>vincristine sulfate</i> -----	10
VIVELLE -----	26
VOLTAREN -----	27
VYTORIN -----	17
<b>W</b>	
<i>warfarin sodium</i> -----	17
WELLBUTRIN XL 150MG -----	14
<b>X</b>	
XALATAN -----	28
XIBROM -----	27
XIFAXAN -----	8
<b>Y</b>	
YF-VAX -----	25
<b>Z</b>	
ZANTAC INJECTION -----	23
ZANTAC RX -----	23
ZAVESCA -----	22
<i>zazole</i> -----	26
ZELAPAR -----	12
ZEMPLAR -----	22
ZERIT -----	7
ZESTORETIC -----	16
ZESTRIL -----	15
ZETIA -----	17
ZIAGEN -----	7
<i>zidovudine</i> -----	7
ZITHROMAX PACKET -----	8
ZOLADEX -----	11
ZOLINZA -----	11
<i>zolpidem tartrate</i> -----	14

ZOMIG NASAL SPRAY -----	12
ZOMIG ZMT -----	12
ZOMIG -----	12
ZONALON -----	18
ZOSTAVAX -----	25
<i>zovia 1/35e</i> -----	26
<i>zovia 1/50e</i> -----	26
ZOVIRAX CREAM -----	19
ZOVIRAX OINTMENT -----	19
ZYLET -----	28
ZYMAR -----	27
ZYPREXA ZYDIS -----	14
ZYPREXA -----	14
ZYVOX INJECTION -----	8
ZYVOX -----	8





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